

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Zelencic Hayden DO

Mailing Address 3056 NE 15th Ter

City

Fort Lauderdale

State

FL

Zip Code

33334-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : 38199205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Ogle DO

Mailing Address PO Box 1467

City

Enid

State

OK

Zip Code

73702-1467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medical Services Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 38249883

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Joseph Kuchinski Jr DO

Mailing Address 32 Woodland Ave

City

Mountain Lakes

State

NJ

Zip Code

07046-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Director, Medical Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 38249884

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00